

**State of Washington
Department of Retirement Systems**

PAYMENT ADVICE

Employer Name:

Reporting Group:

Payment Number	Plan	Reporting Period or Invoice Number	Amount
	1		
	1		
	1		
	1		
	1		
	1		
	1		
	1		
	1		
	1		

Plan 1 Total for This Page \$

Payment Number	Plan	Reporting Period or Invoice Number	Amount
	2		
	2		
	2		
	2		
	2		
	2		
	2		
	2		
	2		
	2		

Plan 2 Total for this page \$

System Total for this page \$

Mail this form *with the payment* to:

**Department of Retirement Systems
PO Box 9018
Olympia, WA 98507-9018**

For DRS use only

DRS Receipt Number:

Using the Payment Advice Form

General Information

Use this form to report Plan 1 and Plan 2 payments to DRS. Use a separate form for each Reporting Group number. (Use DRS MS 137, revised 10/01 for Plan 3 payments.)

To redistribute a previous payment, use the Credit Redistribution form.
(DRS MS 139, revised 10/01.)

Electronic fund transfers transmitted through the Washington State Department of Personnel's Human Resource Information Systems Division (HRISD) and the Center for Information Services (CIS) are not reported on this form.

If you have any questions about completing this form, please call your account manager listed on your statement, or contact Employer Support Services at (360) 664-7200, or toll-free at 1-800-547-6657, ext.47200.

Completing the Form

Employer Name	Enter your organization's name as shown on your Statement of Account Activity.
Reporting Group	Enter your DRS Reporting Group as shown on your Statement of Account Activity; e.g., 5000. If you have payments for more than one Reporting Group, use a separate form for each.
Payment Number	Enter the number of the check, warrant, journal voucher (JV) or other payment document. A single payment document may be used for more than one invoice number. The payment document number must be listed for each applicable invoice number.
Plan	Retirement System Plan 1 or Plan 2.
Reporting Period or Invoice Number	Enter the invoice number to which you wish to apply the payment. For transmittals, the invoice number is the transmittal reporting period month and year (052000 for May 2000). For invoices, use the unique 8-digit Invoice Number that appears on the invoice.
Amount	Enter the amount being paid against each invoice.
Plan Total and System Total	Enter the plan total and system total on each page. If you use more than one page for a single invoice or payment item number, please total each page separately.

Mailing the Form

Mail this form with your payment to: P.O. Box 9018, Olympia, WA 98507-9018	Where do other forms go? P.O. Box 48380, Olympia, WA 98504-8380
Other items that should be mailed to this address: Credit Redistributions DCP Transmittals (not retirement) DCP Payments	This address should receive: Retirement transmittal information, forms and other correspondence